

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/763,567-Conf. #4885
		Filing Date	January 23, 2004
		First Named Inventor	Rudolf Gilmanshin
		Examiner Name	K. R. Skowronek
		Art Unit	1631
TOTAL AMOUNT OF PAYMENT		(\$)	625.00
		Attorney Docket No.	C0989.70045US01

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input type="checkbox"/> Deposit Account Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Filing Fees	Small Entity Fee (\$)	Search Fees	Small Entity Fee (\$)	Examination Fees	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
2. EXCESS CLAIM FEES							
						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
51 - 20 =		0		x 0 =		_____	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
7 - 3 =		4		x 25.00 =		100.00	
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
_____ - 100 =		_____		/50 = _____ (round up to a whole number) x		_____ =	
						Fee Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month						525.00	

SUBMITTED BY			
Signature	/Erik J. Spek/	Registration No. (Attorney/Agent)	61,065
Name (Print/Type)	Erik J. Spek, Ph.D.	Telephone	617.646.8000
		Date	August 8, 2008

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: August 8, 2008	Signature: /Sylvana Householder/